REMARKS

This amendment is in response to the Office Action of November 12, 2008 (hereinafter Office Action). The amendment is filed along with a Petition for a three-month Retroactive Extension of Time. The US Patent Office is expressly authorized to charge all fees due to Deposit Account No. 14-1437. Claims 1-3, 5-16, and 18-45 are pending. Claims 1-45 have been cancelled. Claims 46 - 63 have been added by these amendments. No new matter is presented.

Request for interview

Applicant requests an interview with the Examiner to discuss this response, prior to another action on the merits. Applicants counsel will contact the Examiner to arrange such an interview.

Argument

In the Office Action, the specification was objected to for introducing new matter into the disclosure.

Claim Rejections – 35 USC § 112

Claims 1, 8, 9, 14, 21, 22, 30, 41, and 45 were rejected under 35 U.S.C. § 112, first paragraph. These claims have been cancelled. The newly presented claims do not include the feature of automatically generating a different combination or permutation of characters, and accordingly, Applicant requests withdrawal of the rejection under 35 U.S.C. § 112, first paragraph.

Claim Rejections – 35 USC § 103

Claims 1-3, 5, 14-16, 18, and 38-45 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent 5,774,671 to Satoh (hereinafter Satoh) in view of U.S.

Patent 5,832,447 to Rieker, et al. (hereinafter Rieker). Claims 7 and 20 were rejected under 35 U.S.C § 103(a) as being unpatentable over Satoh in view of Rieker as applied to Claim 1, and further in view of U.S. Patent 5,675,637 to Szlam, *et al.* (hereinafter Szlam). Claims 6 and 19 were rejected under 35 U.S.C § 103(a) as being unpatentable over Satoh in view of Rieker, and further in view of U.S. Patent 6,349,299 to Spencer (hereinafter Spencer). Claims 9-13 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent 4,876,643 to McNeill (hereinafter McNeill) in view of Rieker. Claims 8 and 21 were rejected under under 35 U.S.C § 103(a) as being unpatentable over Satoh in view of Spencer and Szlam, and further in view of Rieker. Claims 22-28 and 30-36 were rejected under 35 U.S.C § 103(a) as being unpatentable over U.S. Patent 5,070,452 to Doyle, Jr., *et al.* (hereinafter Doyle) in view of Rieker. Claims 29 and 37 were rejected under under 35 U.S.C § 103(a) as being unpatentable over Doyle in view of Rieker, and further in view of U.S. Patent 6,694,362 to Secor (hereinafter Secor).

Aspects of Applicants' Invention

Although Applicant respectfully disagrees with the rejections, Applicant nonetheless has canceled Claims 1-45 so as to expedite prosecution of the present application by further emphasizing certain aspects of the invention. Applicant respectfully notes, however, that such amendments are not intended as, and should not be interpreted as, the surrender of any subject matter. Accordingly, Applicant respectfully reserves the right to present the original version of any of the amended claims in any future divisional or continuation applications from the present application. Each of the amendments is fully supported throughout the Specification. No new matter has been introduced by virtue of these amendments.

Applicant herein cancels the previously pending claims, and submits new claims 46-63. The newly presented claims are believed to more clearly illustrate and claim

Applicant's invention. A computer-implemented method is provided for determining and providing to a medical service provider medical insurance information corresponding to a consumer of medical services. The method includes:

(a) receiving consumer medical insurance information from the consumer. The consumer medical insurance information includes a plurality of consumer data items, wherein each consumer data item corresponds to a different one of a plurality of attributes of the consumer and comprises at least one character defining a character string. The consumer medical insurance information includes at least the name of one indentified insurance carrier for the consumer;

(b) obtaining identity verification information for the consumer, including consumer identity information stored at a plurality of network locations located remotely from one another, from the network location of the provider, and from the network location of the identified insurance carrier. The search of identity verification information is based upon at least a portion of the consumer medical insurance information;

(c) comparing the identity information with the consumer medical insurance information to identify erroneous and missing consumer medical insurance information;

(d) modifying the consumer medical insurance information of the consumer based on the comparing step;

(e) requesting from a different network location remote from the network location of the provider, insurer medical insurance information for the consumer from said identified insurance carrier based upon a subset of the consumer medical insurance information provided by the consumer. The requested insurer medical insurance information includes at least a coverage status for the consumer for the indentified insurance carrier;

    (f) requesting insurer medical insurance information from a plurality of additional

        insurance network locations using the modified consumer medical insurance

        information. The requested insurer medical insurance information includes

        coverage status for a plurality of additional insurance carriers; and,

    (g) providing to said provider a coverage status for all insurance carriers covering

        the consumer identified in the requested insurer medical insurance information.

The Claims Define Over The Prior Art

Prior art systems for handling medical insurance for health care providers suffer from a number of drawbacks. These drawbacks can be viewed as stemming from a number of faulty assumptions upon which the prior art systems are based, which faulty assumptions can be summarized as follows:

1. **The input data is correct – accurate – complete – and is for the person and not a spouse.**
2. **The input data is complete. All fields needed for a search have been obtained from the patient.**
3. **The database data is correct. No errors when entering the data into the database and that the data is kept up to date.**
4. **That the information that the user has to conduct a search is the same as the data needed to conduct a search.**
5. **That the user knows which database to check for the needed data.**
6. **That the input screen is simple and easy to use.**
7. **That the user is trained on how to use the system.**
8. **That the user knows how to link different databases.**

The present invention avoids these drawbacks by providing a system which takes consumer medical insurance information, and then automatically verifies the identity of the consumer, modifies or corrects any errors or omissions in the consumer medical

insurance information, checks that the insurance carrier that has been identified by the consumer as his/her insurance carrier affirms coverage, and then checks other insurance carriers to determine what other insurance if any the consumer is covered by. The invention addresses a very substantial problem existing in the health care industry – that patients frequently provide erroneous insurance information to health care providers, and that erroneous or incomplete information permeates the system. The health care providers must then exclusively bear the burden for the health care that the patents receive.

Satoh does not address these problems. Satoh describes a system to match user tastes with a menu of services. This system is used to customize menus for a service provider (a la a video rental site) to match the user and their tastes. The Office Action admits a number of deficiencies in Satoh. As noted in the Office Action, Satoh fails to teach retrieving including a search of eligibility information stored at each of a plurality of different network locations, the search being based upon a plurality of data items and performed to determine whether the consumer has medical coverage and, if so, with which of a plurality of different insurers. Also, the Office Action states that Satoh fails to teach verifying the identity of the consumer of medical services from at least one other network location, the verifying including a search of consumer identity verification information stored at a plurality different network locations located remote from one another, the search of identity verification information being based upon at least one additional data item. Satoh also does not teach a transfer agent as noted. Lastly, Satoh does not teach that if at least a portion of the medical insurance information or the verification information retrieved from the different network locations does not match or is inconsistent with medical insurance or verification information retrieved from another of said plurality of different locations or with medical insurance or verification information previously supplied by the consumer of medical services, automatically generating different combinations or permutations of characters of a character string of at

least one of the data items and repeating with different combinations or permutations until a match occurs.

Reiker does not cure the deficiencies of Satoh. Reiker is directed to a system to automatically request real-time eligibility verification using the data from a patient registration system. (Reiker, Col. 2, lines 55-66; see also Abstract, lines 1-4.). This system is designed to reformat data from the patient registration system and send it to one insurance company in the correct format. It does not put the data back into the patient registration system. The Reiker system also appears to be limited to a print output. This system requests eligibility from one insurance carrier for each record, and requires a table of available insurance connections. Reiker does not disclose a process for handling issues with faulty input data.

Reiker provides the following description of a search for "patient response data" in order to match "insurance eligibility information:"

"If there is no error ("no" exit to decision block 352), then control process 174 checks the transaction response file for errors against specific standards relating to the particular payor network (block 356). Once again, <u>if there is an error detected in the received response, an error flag is set and control returns to another part of the control process 174 (decision block 358, block 354)</u>. Additional errors are checked for by comparing the format of the received response message against format standards for the particular data gateway 116 (block 360), and any errors generate an error indication (block 362, block 354)." (Reiker, Col. 11, lines 58-65.) (Emphasis supplied.)

Reiker responds to a failure to find a match by <u>adding new data items to the search information</u>. The list of different data items that Reiker considers is extensive. (See Col. 9, line 48 – Col. 10, line 13.). Reiker's setting of an "error flag" when search information

does not match stored data, and adding new data items to the search does not at all describe Applicants' invention or cure the deficiencies of Satoh.

Rieker's repeated searching by successively adding new and different data items in response to a failure to find a match does not at all address the crux of the problem – that the consumer or the insurer may be providing or operating with faulty data. With Applicant's invention, each insurance verification procedure includes an independent verification of the identity of the consumer. This feature of Applicant's invention was noted by the Examiner as absent from Satoh, and is also totally absent from the teachings of Reiker. The invention automatically corrects the data, verifies coverage, and checks for other coverage. The invention also thereby addresses another large problem of the industry, namely the failure to recognize when a patient has coverage other than the coverage that the patient thinks the patient has, or the coverage which may be applicable to the patient's visit to the health care provider.

The remaining references also do not teach Applicant's invention, or cure the deficiencies of Satoh and Reiker. Pritchard (U.S. Patent No. 4,491,725) teaches a medical claim verification system using a Medicard. This system provides the price for a service code. The system also allows for the transfer of payments.

Raisleger (U.S. Patent No. 4,645,916) teaches a system which provides arrangements of unique encoding methods to increase the amount of information which may be recorded on a magnetic strip.

Schotz (U.S. Patent No. 4,837,693) teaches a computer system that facilitates the implementation of an insurance plan, to underwrite an insurance plan, administration of an insurance plan, etc.

Barber (U.S. Patent No. 4,858,121) teaches a medical payment system that is designed to improve the process for processing a medical claim.

McNeill (U.S. Patent No. 4,876,643) teaches a database search tool to process multiple search requests at the same time. The goal is improved speed.

Doyle (U.S. Patent No. 4,916,661) describes an improved system for the administration of medical insurance claims. The system provides up-to-date information to the provider of healthcare services as to the insurance coverage of the patient. The system also provides real-time modification of the information, including identity of patients covered and type of insurance.

Doyle (U.S. Patent No. 5.070,452) describes an improved system for the administration of medical insurance claims, with a real time system for checking insurance status using a "card". This system requires a number of fields of data to verify eligibility and coverage. If the input data is incorrect the user must re-enter the data or contact "help Desk".

Szlam (U.S. Patent No. 5,675,637) describes a system to obtain data from multiple sources and display the data. Szlam provides a method and an apparatus that automatically accesses various types of information (fax, voice, image, audio, etc.) from specified sources when an item of information is desired. This is designed for a service center and describes a method for consolidating various types of info and linking multiple databases with information for a person. The goal is to make it easy to link data simply and quickly. The user must select an information source, and determine which field is to be used to access data from second sources. This is a user defined and customized application program.

Spencer (U.S. Patent No. 6,349,299) teaches a system for storing electronic contact information into an electronic address book. The object of this system is to have a tool that takes information from an email for example and then import this into an address book without the need to open the address book or re-key the data.

Secor (U.S. Patent No. 6,694,362) describes computer and telecommunication network monitoring and management and, more particularly, methods and system for correlating, collecting event data with administrators, management policies and

procedures. The goal of the system is to improve the company's ability to find, manage, and prioritize network faults.

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CONCLUSION

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Applicant believes that this application is now in full condition for allowance, which action is respectfully requested. Applicant requests that the Examiner call the undersigned if clarification is needed on any matter within this response, or if the Examiner believes a telephone interview would expedite the prosecution of the subject application to completion.

Respectfully submitted,

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